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Facsimile Transmittal

DATE: February 16, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 09/917,036

FAX : (703) 872-9306

FROM: Kenyon Jenckes

Number of Pages Sent: // (including this transmittal cover sheet)

ATTACHED HERETO IS A RESPONSE IN 9 PAGES; AND A
TRANSMITTAL FORM IN (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

2/16/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

RECEIVED
CENTRAL FAX CENTERMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010097
In Re Application of: Luca Blessent
Serial Number: 09/917,036
Filed: 7/26/01
Examiner: K. Tran
Group Art Unit: 2637

FEB 16 2005

Dear Sir:

Transmitted herewith for filing is a Response to Notice of Non-Compliant Amendment in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	34	36	0	x \$18 =	\$0	
Independent**	3	3	0	x \$88 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$300	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$
				<input type="checkbox"/> Two Months	\$430	\$
				<input type="checkbox"/> Three Months	\$980	\$
TERMINAL DISCLAIMER				\$110	\$	
				TOTAL FEE	\$0	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 2/16/05

Signature: Kenyon Jenckes, Reg. No. 41,873
858-651-8149QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: 2/16/05

FACSIMILE

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Depositor's Name: Darla Kasmado
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

Appl. No. 09/917,036
Amdt. dated 02/16/05
Reply to Office Action of 12/8/04

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FEB 16 2005

PATENT
Docket: 010097

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
Luca Blessent) For: NOISE GAIN CONTROL
Serial No. 09/917,036)
Filed: 7/26/01) Group No. 2637

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 8, 2004, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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(type or print name)

Date: 2/16/05

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Depositor's Name: Daria Kasimova
(type or print name)

Signature: _____